

Health Policy Workshop

November 9th, 2012

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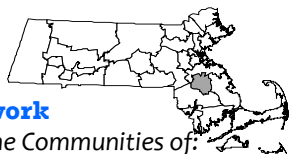
**The Greater Brockton
Community Health Network**

Area (CHNA 22) Serving the Communities of:

Abington ■ Avon ■ Bridgewater ■ Brockton ■

East Bridgewater ■ Easton ■ Holbrook ■

Stoughton ■ West Bridgewater ■ Whitman



Tufts CTSI

Tufts Clinical and Translational Science Institute



THE HARVARD CLINICAL
AND TRANSLATIONAL
SCIENCE CENTER



Who You Are

- Five CHNAs and participants in BYC
- Great diversity of skills/experiences
- Teamwork is essential!

Who We Are

- Researchers, outreach workers, community partners affiliated with
 - Dana–Farber Cancer Center
 - Harvard Catalyst | The Harvard Clinical and Translational Science Center
 - Tufts Clinical and Translational Science Institute (CTSI)

Purpose of Today

- To build capacity to improve health through policy change with a focus on the local level.
 - Organization
 - Community
 - City/County/District
 - State/Federal
- Health defined by the WHO as:
 - a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity
 - Often determined by “social determinants of health”

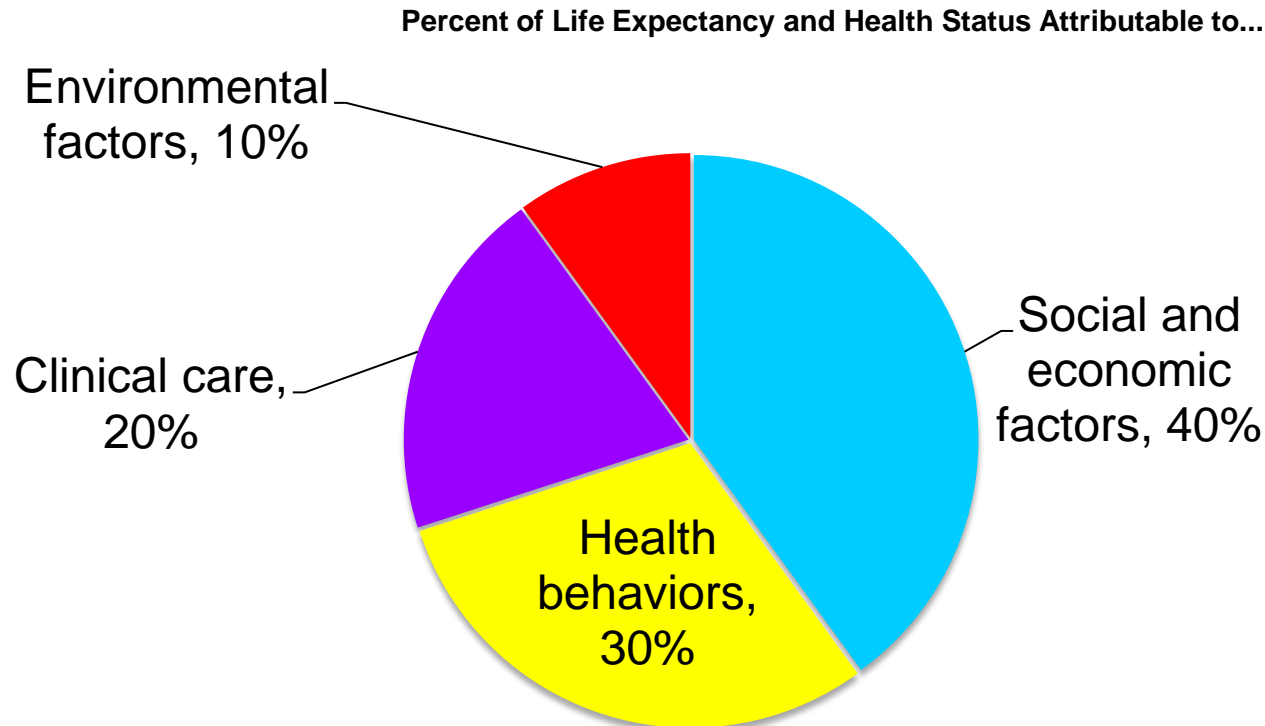
Leading Causes of Preventable Deaths in the US

The leading causes of preventable deaths (behavior or lifestyle change) in 2009 were due to:

- Tobacco: 467,000 deaths—18.1% of total US deaths
- High blood pressure: 395,000 deaths
- Overweight-obesity: 216,000 deaths
- Inadequate physical activity and inactivity: 191,000 deaths
- Alcohol use: 64,000 deaths

"The Preventable Causes of Death in the United States: Comparative Risk Assessment of Dietary, Lifestyle, and Metabolic Risk Factors," Goodarz Danaei, Eric L. Ding, Dariush Mozaffarian, Ben Taylor, Jurgen Rehm, Christopher J.L. Murray, Majid Ezzati, *PLoS Medicine*, April 28, 2009, Volume 6, Issue 4.

Factors Having Greatest Impact on Life Expectancy and Health Status



Social and economic factors: (education, employment and income, children at risk, social isolation, violent crime)

Health behaviors (tobacco use, diet and exercise, alcohol use, driving safety, sexual behavior)

Clinical care (access to care, quality of care)

Environmental factors (air and water quality, built environment)


Key Note Speaker



Lea Susan Ojamaa, MPH

Division of Prevention and Wellness
Massachusetts Department of Public Health

Overview of the Day



8:30 am	Breakfast/Registration
9:00 am	Welcome
9:10 am	Overview- Lea Susan Ojamaa
9:45 am	Break
10:00 am	Workshop #1: Mapping the Landscape and Developing a Plan for Policy Change
12-12:30	Lunch Break (Seats re-arranged by community)
12:30 pm	Lunch Panel
1:15 pm	Workshop #2: Creating a Climate for Change
2:00pm	Break
2:15 pm	Mock Town Hall Public Hearing- Role Play
3:15 pm	Table Work
3:45 pm	Evaluation

What is Health Policy?



- Health policy
 - Is everywhere
 - Is created with a larger goal in mind
 - Consists of a “rule” or “set of rules” that guide decisions to achieve a larger goal
 - Guidelines/policies at the organizational level
 - Legislation/regulations at the municipal/state/federal level

What is Health Policy Development?



- Health policy development
 - Not just for government people and lobbyists!
 - Occurs on multiple levels
 - Organization
 - Community
 - City/district/county
 - State
 - Federal

City/County/District/State/Federal

- Policy development increasingly being used as a tool for community change.
- Grassroots groups are bringing their agendas to their City Hall, the State House, Congress, resulting in meaningful policies.

(Themba, 1999)

Health Policy Workshop



Policy Development

Exciting	Exhausting
<ul style="list-style-type: none">• Opportunity to make real change• Energy builds over time• Sense of accomplishment (& teamwork) when change is achieved	<ul style="list-style-type: none">• Time-consuming<ul style="list-style-type: none">- May take place over an extended period of time- Political- Requires input from or partnerships with others• Often addressing complex problems

Types of Problems

Simple problems

Following a recipe

The recipe is essential.

Recipes easy to repeat and produce a “good” product.

No particular expertise required but increases success.

Complicated Problems

Sending a rocket to the moon

“Recipe” necessary.

If one rocket works, the next probably will.

High levels of expertise necessary for success.

Complex Problems

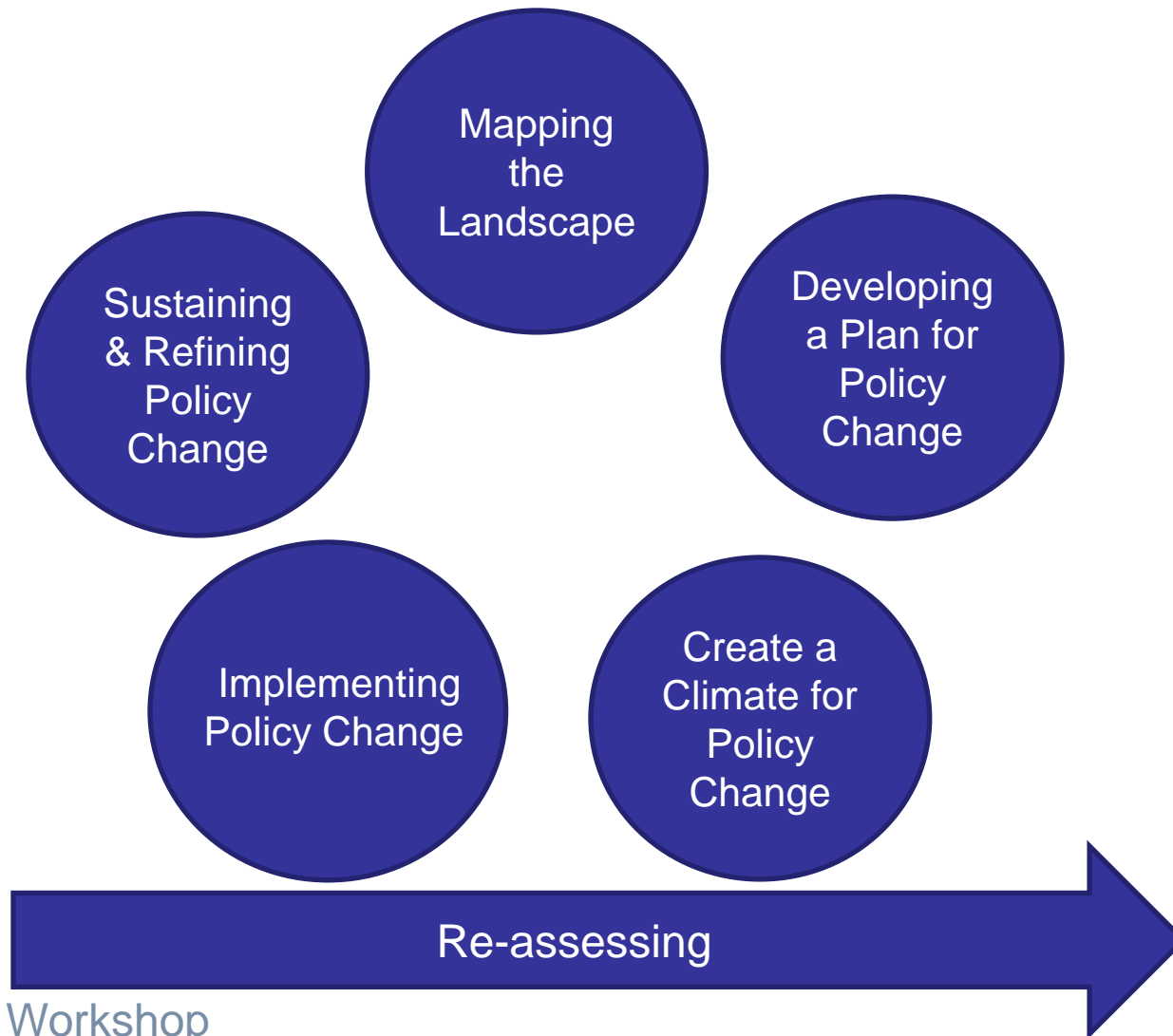
Raising a child

No real “recipe”

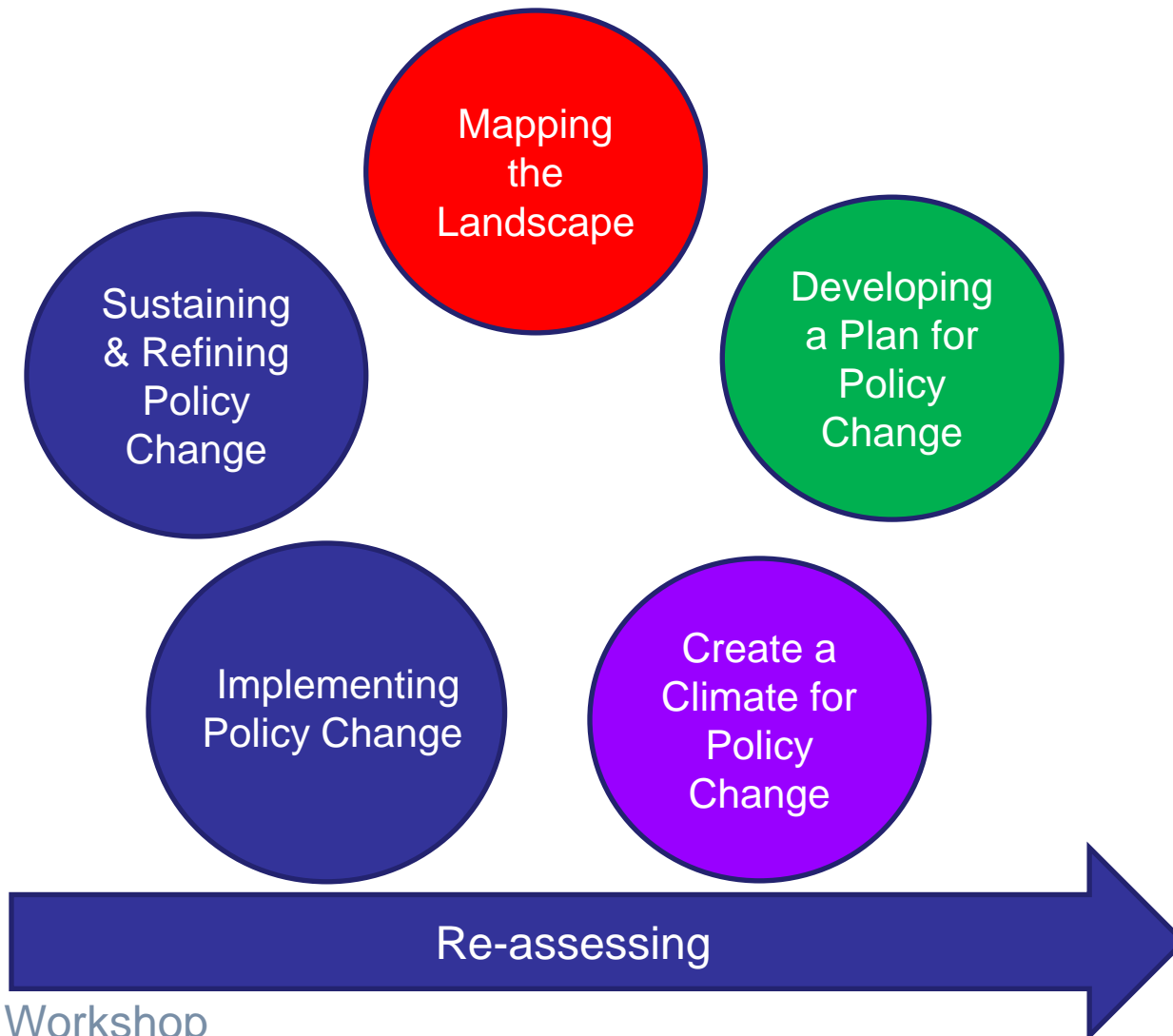
Raising 1 child doesn’t tell you much about raising another!

You can ask an expert, but you rely a lot on trial and error.

5-Part Approach to Policy Change



Today's Focus



Overview of Materials

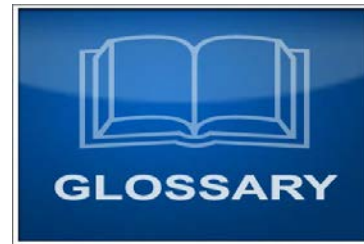
✓ PowerPoints



✓ Exercises



✓ Glossary

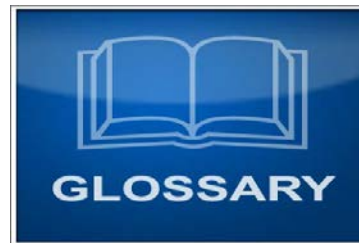


✓ Tools

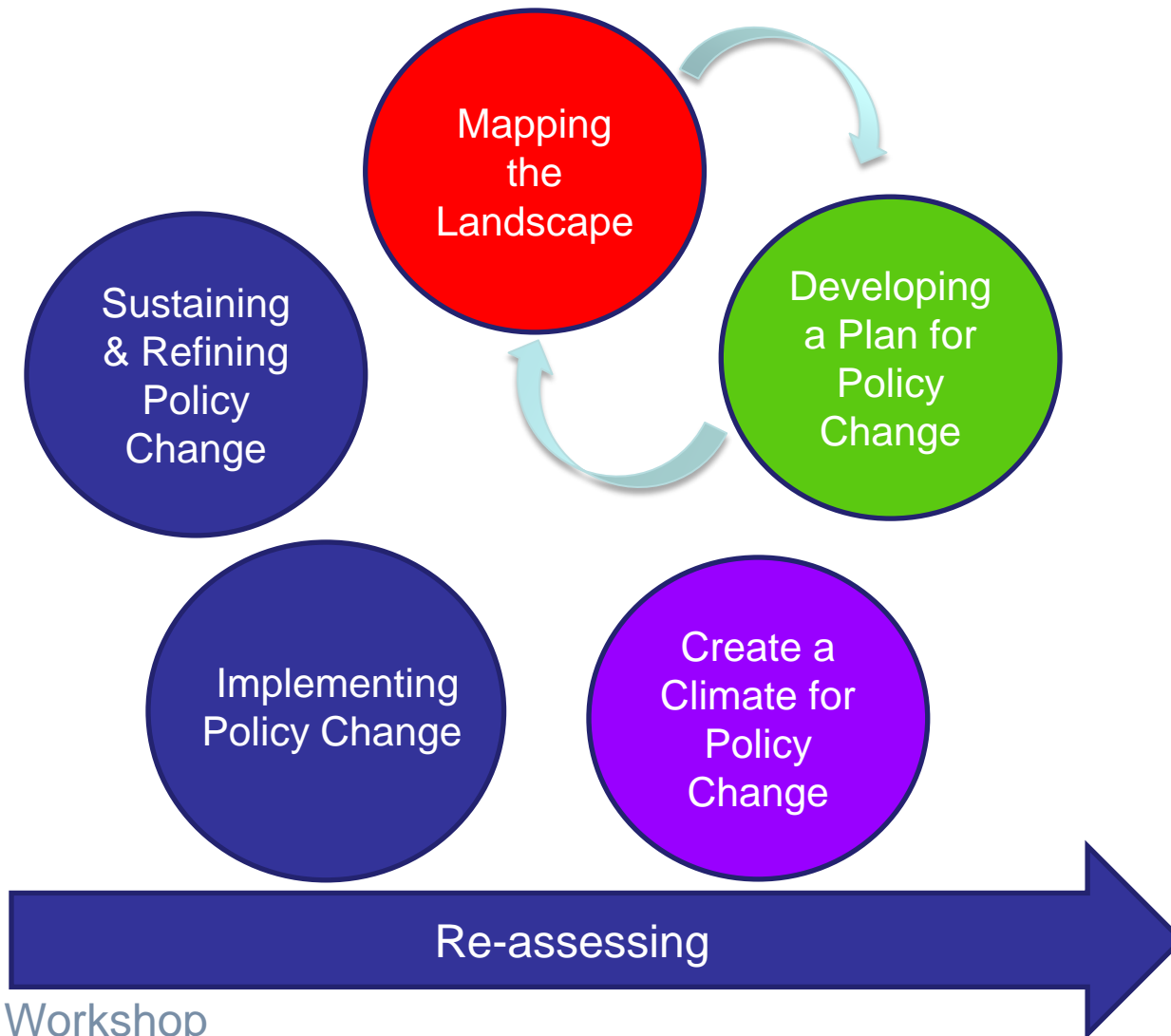


Websites (Materials Posted)

- <http://planetmassconnect.org/>
- www.tuftsctsi.org



Mapping the Landscape



FOCUS



Mapping
the
Landscape

- Find an opportunity for policy change
- Organize an effort for policy change



Developing
a Plan

- Clarify the current understanding of the problem you wish to address
- Understand how any policy change will be perceived & the role of different stakeholder groups
- Select the policy change you wish to champion

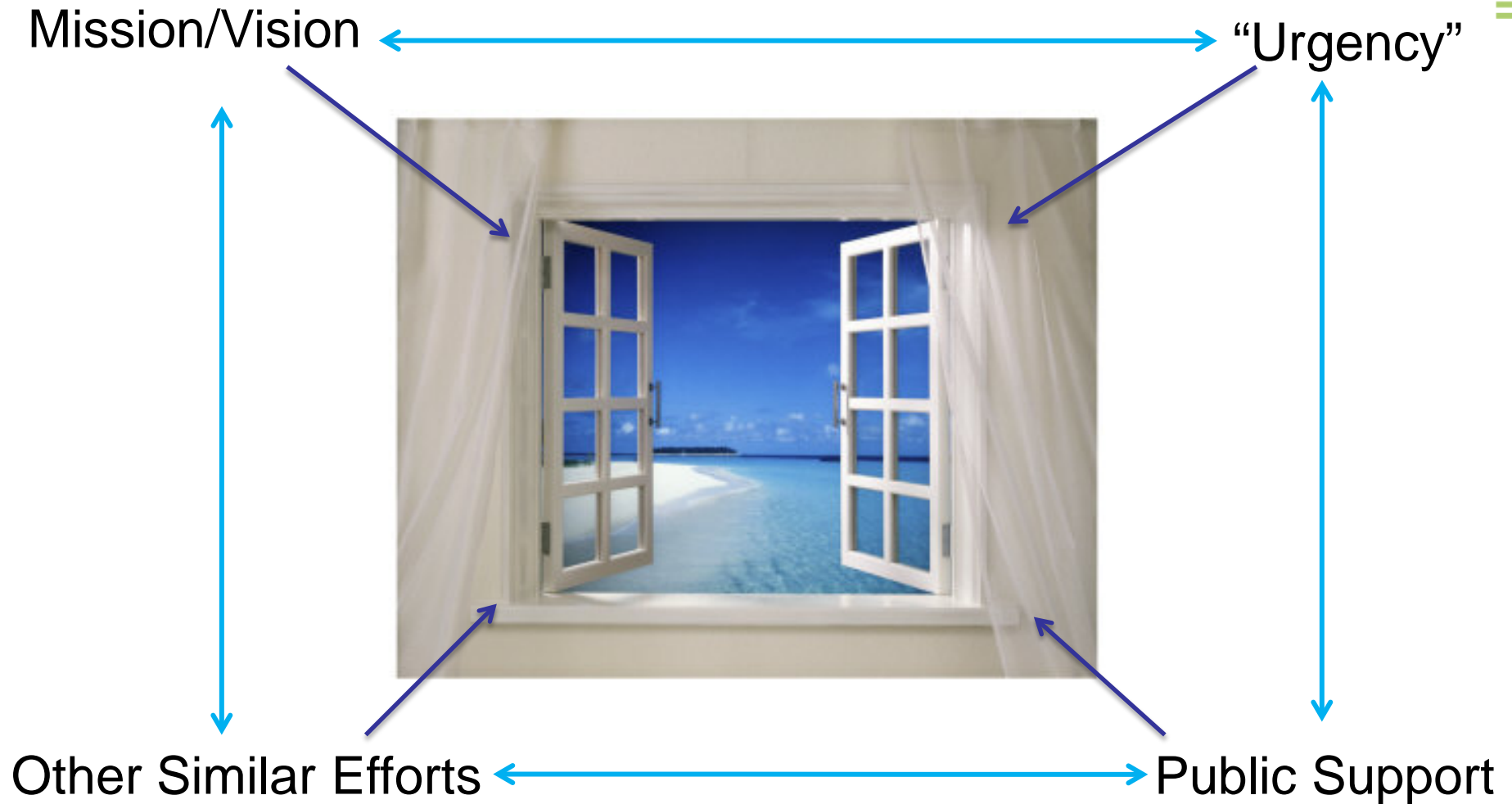


FOCUS: FIND



- **Find an opportunity for policy change**
 - Identify a potential problem you want to address
 - Determine if there is a “window of opportunity”
 - Decide if policy change is the best approach to use

“Window of Opportunity”



The Window of Opportunity

- Does working on this policy change align with my organization's mission? Others?
- Has anything occurred recently that lends some “urgency” to this issue?
- Does this policy change potentially have public support?
- Is any one else working on this type of policy change?

Is Policy Change the Right Approach?

Policy analysis:

- Is there currently a policy in place? Is it outdated? Does it have gaps?
- Existing policies elsewhere? Have they been evaluated—successful, doing what they were created for?
- What are the benefits and risks (fiscal, time, opportunity cost) of creating a policy around this problem?
- Is there a risk if a policy isn't developed?





FOCUS: Organize



- **Organize an effort for policy change.**
 - PEOPLE: A small group of critical partners in policy change effort & recruit them
 - RESOURCES: Identify possible resources (human, fiscal, technological)
 - GOAL: Agree on a policy change you want to pursue

Who to Engage in Early Planning Process?



Organization	Local/regional	State/Federal
Employees –build buy-in	Employees –build buy-in	Employees –build buy-in
External champions-build external support if needed	External champions-build external support if needed	External champions-build external support if needed
Leadership-build commitment	Leadership-build commitment	Leadership-build commitment
	Organizations, advocacy groups, coalitions	Organizations, advocacy groups, coalitions
Media? (PR)	Media	Media
Researchers	Researchers	Researchers

Identifying Roles People Might Play

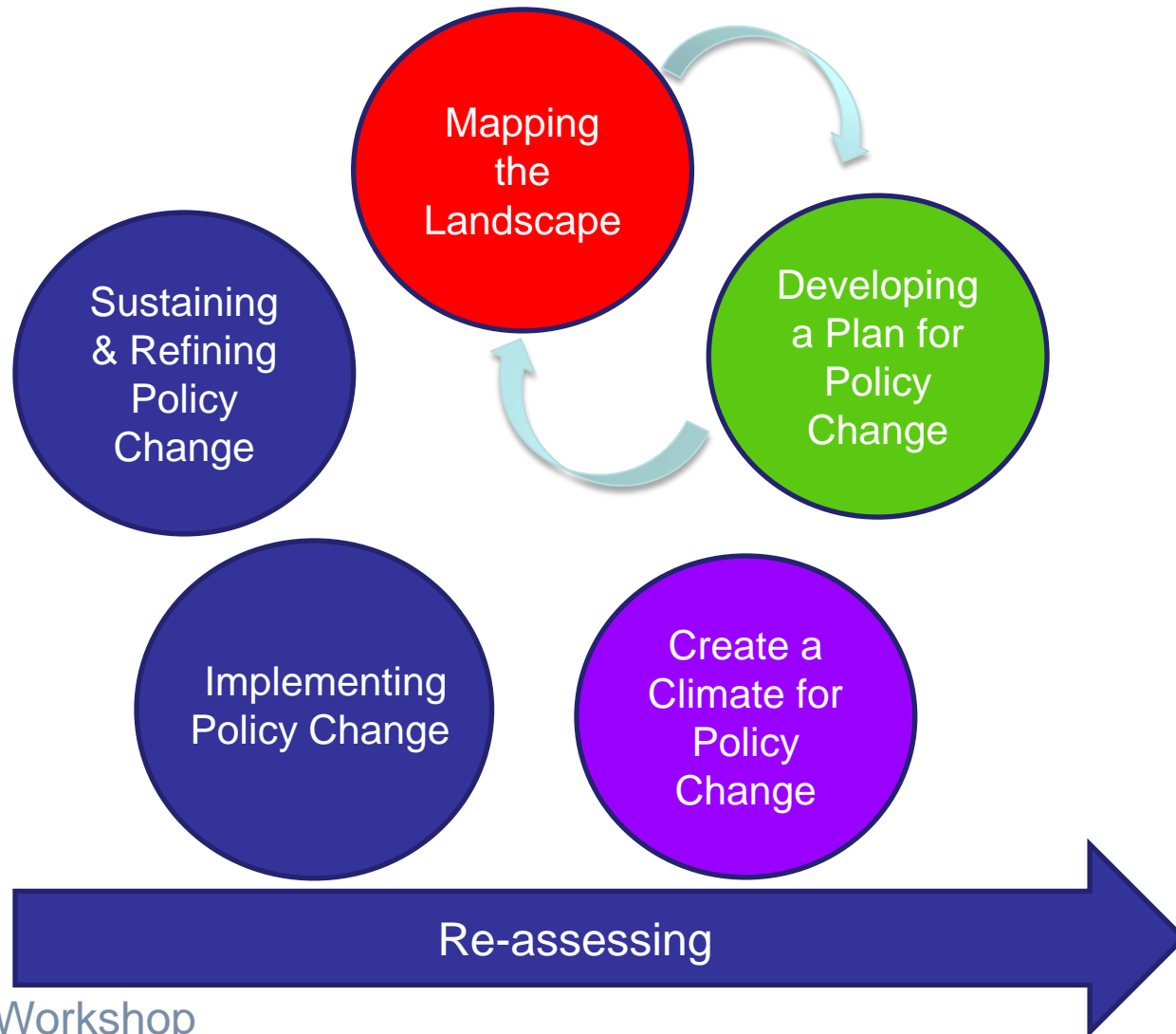
- **Help with policy development**
 - Support, participate in, or facilitate *planning exercises*
 - Assist with *data gathering, analysis & synthesis* (e.g. create backgrounders or fact sheets).
 - Assist with *situational assessments* of the legal and political environment
 - *Disseminate information* pertinent to the problem
 - *Identify & meet* with other groups, sectors & organizations
- **Advocate with others for policy adoption & implementation**
 - *Assist with media campaigns* and strategies
 - *Consider implementation barriers*



PEOPLE: Who is the day-to-day leadership (drive and organizational ability)?

- Who is someone with technical expertise about the problem?
- Who is someone familiar with the setting you are trying to change that can provide expertise about how to make the change (policy)?
- Who do we want to target, with what, by when, how?

Developing a Plan for Policy Change





FOCUS: CLARIFY



- **Clarify the problem you are seeking to address and potential solutions**
 - What data are available to:
 - Describe the problem
(who, what, where, when, how big?)
 - Identify factors causing the problem
 - Delineate mechanisms for change
 - IDENTIFY possible solutions (evidence-based)

Policy Options

What fits into current window of opportunity?



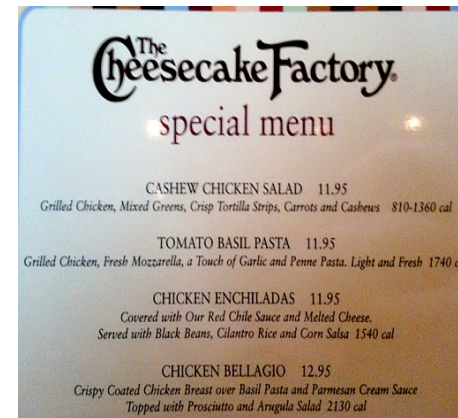
Raise
Awareness

Model

Incentivize

Regulate

Penalize/Enforce





FOCUS: UNDERSTAND



- **Understand the impact of any proposed policy change:**
 - Perception by public
 - Impact on different stakeholder groups



FOCUS: UNDERSTAND



- **How will your policy be perceived & the role of different stakeholder groups.**
 - What is the public's knowledge, attitudes, and beliefs about this problem?
 - Who are critical stakeholders?
 - How will the proposed policy change affect different people?
 - How can I engage people in the policy change?



FOCUS: SELECT



- **Select a policy change & prepare to move forward with it.**
 - Revisit “mapping” work.
 - Stakeholder analysis
 - *Policy analysis* - costs and benefits of each policy option.
 - Plan for next steps.
 - Consult with people in other jurisdictions with similar policies to learn about their policy communication process.

Smokeless Tobacco

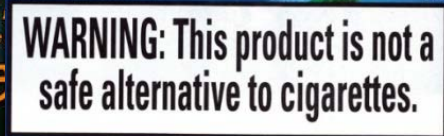
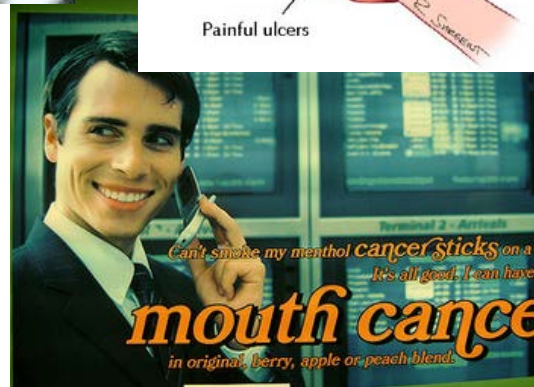
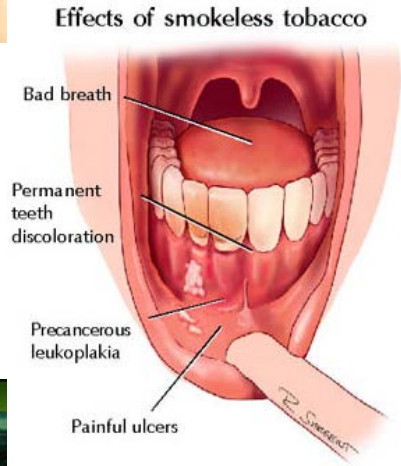
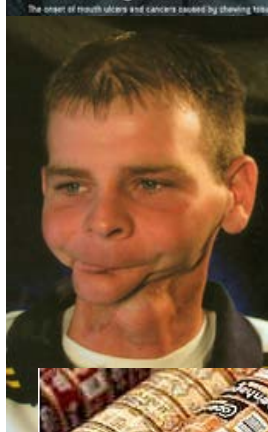


Example – YMCA of Fanta, MA



- Community of Fanta, MA
- YMCA – emerging issue of smokeless tobacco (SLT) use

Identify the Problem



Example – YMCA of Fanta, MA



What is happening at the Y?

- “Teams are leaving the locker room floor covered with slimy globs of spit and chewing tobacco juice”
- Snus is ending up in the urinals

Example – YMCA of Fanta, MA



What is happening at the Y?

- Coaches/volunteers are reporting that youth believe smokeless tobacco will help their athletic performance

Example – YMCA of Fanta, MA



What is happening at the Y?

- Evidence of use day to day – but worse after high school aged basketball games

Example – YMCA of Fanta, MA



What is happening at the Y?

- Cleaning staff are fed up!

Example – YMCA of Fanta, MA



What is happening with SLT use?

- Unclear -trend data say the proportion of young users is getting higher;
- Unclear if SLT is a gateway-tobacco product

Example – YMCA of Fanta, MA



1 – Identify the problem

- What is the problem?
- Who is affected by the problem?



Example – YMCA of Fanta, MA



- Issue of the mess?
- Public health concern?
- Belief SLT can improve performance?
- Cleaning staff are upset?



Example – YMCA of Fanta, MA



2 – Is there a window of opportunity?

- Has anything occurred recently that lends urgency to the issue?



Example – YMCA of Fanta, MA

- The Fanta Junior Youth Hockey Association just declared they were a ‘Tobacco Free’ team – part of a state-wide initiative



Example – YMCA of Fanta, MA



2 – Is there a window of opportunity?

- Does working on this policy change align with organization's priorities?



Example – YMCA of Fanta, MA



2 – Is there a window of opportunity?

- Does a policy change potentially have public support?



Example – YMCA of Fanta, MA

3 – Determine if policy change is the best approach to use?

- Is there currently a policy in place that is outdated?
- Do other similar policies exist? Have they been evaluated?
- What are the benefits or risks?



Example – YMCA of Fanta, MA



4 – Identify stakeholders

- Who should be involved?
- What will the different stakeholders do?
- Who is someone with technical expertise about the problem?
- Who needs to be targeted?

Example – YMCA of Fanta, MA



5 - Evidence

- What data are available to help describe the problem, and help identify possible solutions?
- If data are not available, how could you get it?

Example – YMCA of Fanta, MA

6 – Identifying possible policy solutions

- What strategies might be incorporated into a policy?





Exercise/Workgroups



- **THE CHARGE:** Create an organizational policy change for a CBO to decrease childhood obesity in Fanta, MA.
 - Read through the case presented to you and follow the steps on the worksheet to help guide you through the policy development process

Key Takeaways:

- Define the problem: review data
 - Change the discourse with data
 - Use data to inform discussions and decisions
- Identify and engage stakeholders
- No magic bullets



Tools



- **Overall descriptions of policy paths**

- **CBPR Partner's Guide to prioritizing policy goals (Truth)**
- **Resource Assessment Guide (Truth)**

- **Defining goals of your project**

- **Backwards Imaging**
- **Is/Is Not**
- **Critical Success Factors**

- **Decide what you want to focus on**

- **Pay-Off Matrix**
- **SWOT**

- **Think through coalition building**

- **Stakeholder Analysis**
- **Force Field Analysis**
- **SWOT Analysis of Partners**

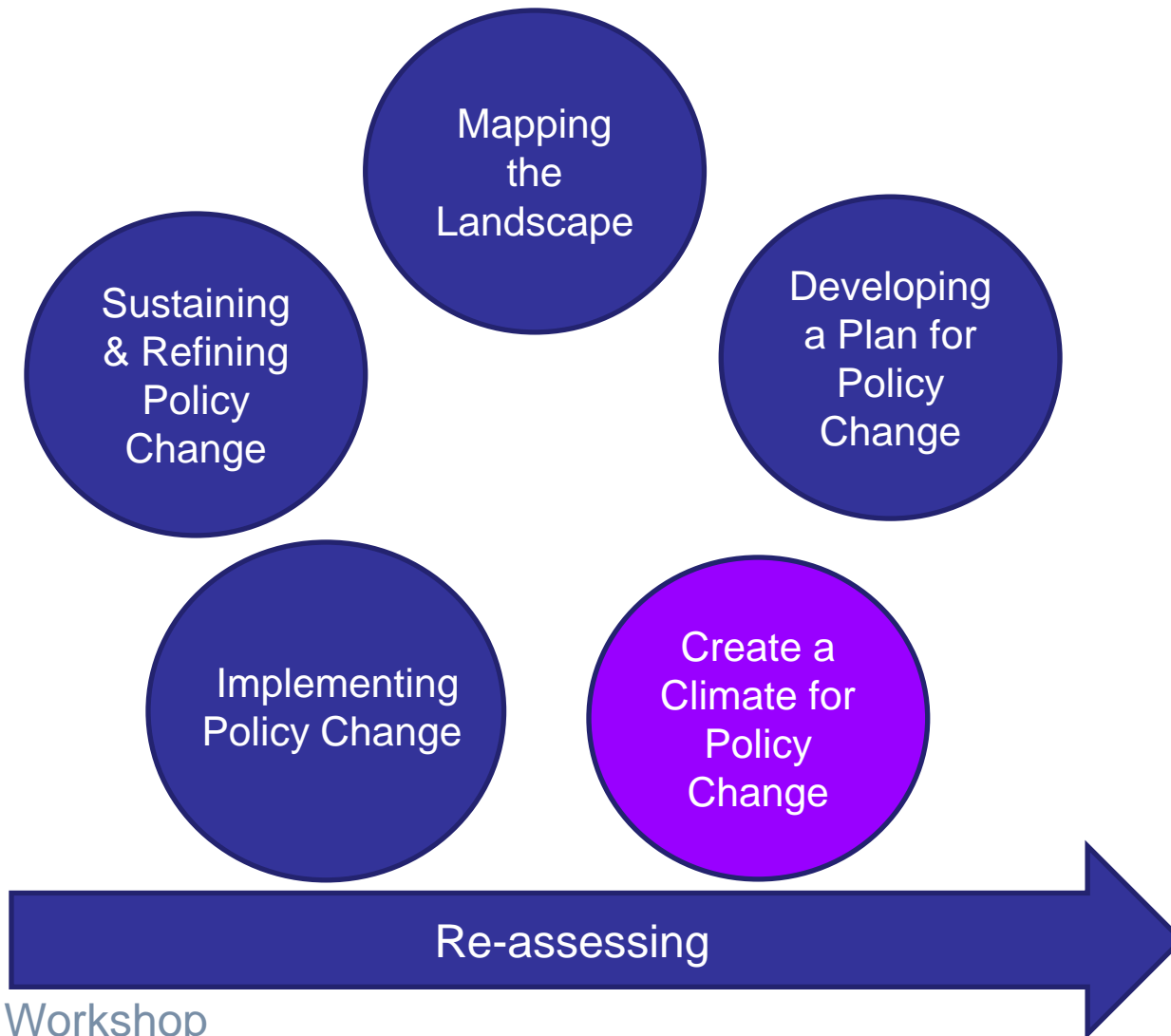
Lunch Break



Lunch Panel will start promptly at 12:30.

Seats will be re-assigned by community.

Create a Climate for Policy Change



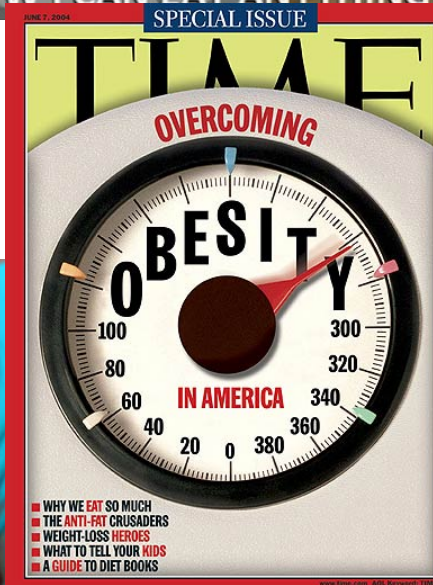
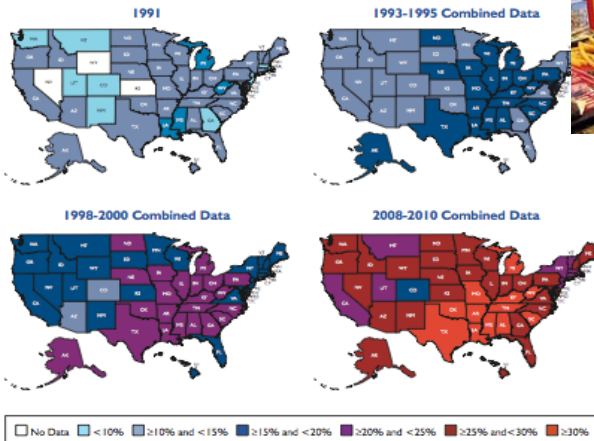
Fanta City Hall Public Hearing



News Buzz



OBSESITY TRENDS* AMONG U.S. ADULTS
BRFSS, 1991, 1993-1995, 1998-2000, and 2008-2010 Combined Data
(*BMI >30, or about 30lbs overweight for 5'4" person)





Exercise/Workgroups



THE CHARGE: A proposal (docket) to limit the size of sugary beverages at food service establishments has been issued to address the obesity epidemic in Fanta, MA. The Fanta Public Health Commission is holding a public hearing to allow for public input to be included in the Public Health Commission's report. Both proponents/opponents of the proposal are called to testify.

Article 1: ***“To Enact the Administration’s Proposal To Establish Maximum Sizes of Sugary Beverages Offered and Sold in Food Service Establishments. The maximum size would apply to cups and containers used for sugary drinks and to all self-service cups and containers.”***

To limit the size of sugary beverages sold and purchased in Food Service Establishments in the city of Fanta, MA



Fanta, MA



- Community of 100,000 people
- Diverse population (Age, race, income level, educational attainment)
- Data
 - 55% of Fantans are obese
 - Nearly 600 Fantans die annually as a result of obesity
 - 1 in 20 adults has diabetes
 - Obesity epidemic strikes members of community already suffering from health and economic disparities (particularly black, Latino, low-income, and non-English speaking) hardest



Public Opinion



- Mapping:
 - People believe that something needs to be done about obesity issue and support a policy to address the issue
 - 30% of people believe that policy is overreaching—Too much government intervention (The Fanta Daily—On newspaper's website)



Role Play



Proponents	Who Needs to Know	Opponents
<ul style="list-style-type: none">• Community advocate• Schools (Parent-teacher associations)• Local organization (Boys & Girls Club)• Academic Researcher• Parent	<ul style="list-style-type: none">• Mayor• Board of Health	<ul style="list-style-type: none">• Concerned Citizens for Freedom of Beverage Choice (CCFBC)• Small Business owner• Community Member• High school student



Community Advocate from CBO



- Proponent (favors) proposal
- Curbing obesity is your top priority
 - Higher rates of diabetes and deaths due to obesity-related issues in your community compared to other communities
 - Higher rates of obesity in your neighborhood than other communities—More than half of adults in your community are obese or overweight



Boys & Girls Club



- Proponent (favors) proposal
- Implemented new policy at the Boys & Girls Club that bans sugary beverages from being served/sold on grounds as well as to not allow advertising in facilities.
 - Initially had little internal resistance because Board of Directors were worried that ban would hurt membership and revenues (fewer birthday parties) and corporate sponsorship



Academic Researcher



- Obesity Is the second leading cause of death in U.S. and expected to become the leading cause (after tobacco)
- Will result in decreased U.S. life expectancy for first time in a century
- Is causing a diabetes epidemic
 - 33% of boys & 39% of girls born in 2000 will develop diabetes in their lifetime
 - 50% of African-American girls born in 2000 will develop diabetes in their lifetime
- Is expected to bankrupt the U.S. health care system

Childhood Obesity Can Be Prevented &Treated

- 2011 Cochrane Review found “strong evidence to support beneficial effects of child obesity prevention program on BMI, particularly for program targeted to children six to 12 years”
- Particularly promising are interventions that:
 - increase physical activity and improve quality of food at school
 - target environments and cultural practices to increase healthier food consumption and daily physical activity
 - support parents to increase activity, decrease screen time, and eat healthier foods



Concerned Parent



- Proponent (favors) proposal
- Favors limiting size of sugary beverages
- 14 year old son, has been labeled overweight by pediatrician, son is also bullied at school because he is overweight (Body Mass Index (BMI) calculated using height/weight 25.0-29.9)
- Family history of diabetes and being overweight—Concerned about son becoming obese (BMI-30 or higher) and developing diabetes
- Controls what son consumes when he is home but not at school or unmonitored



Fanta Mayor



- Undecided
- Knows about health inequalities in her city, but worried that acknowledging them will hurt her in the polls
- Election year—You aren't sure if policy is good or bad



High School Student



- Opposes proposal
- Likes going to the local store to buy a cold drink after playing basketball with friends
- Other beverage options are too expensive, and is able to get “more for his money” when he buys a 2-Liter soda for \$0.99



Community Opponent



- Opposes proposal
- Wants freedom of choice and not to be limited in beverage options
- Doesn't believe government has right to play "big brother" and regulate what he consumes





Concerned Citizens for Freedom of Beverage Choice



- Opposes proposal
- Soda Industry supported group
- Financially supports a campaign against your policy
- Spends more than \$1 million on a public relations campaign opposing your policy arguing that the intended policy restricts consumers' freedom to buy beverages as they see fit
- Sponsors the local youth soccer team league



Small Business Owner



- Opposes proposal
- Worried the policy will be detrimental to his business since 20% of sales are based on sugary beverage purchases
- Beverage Companies supply him with refrigerators and sign-making

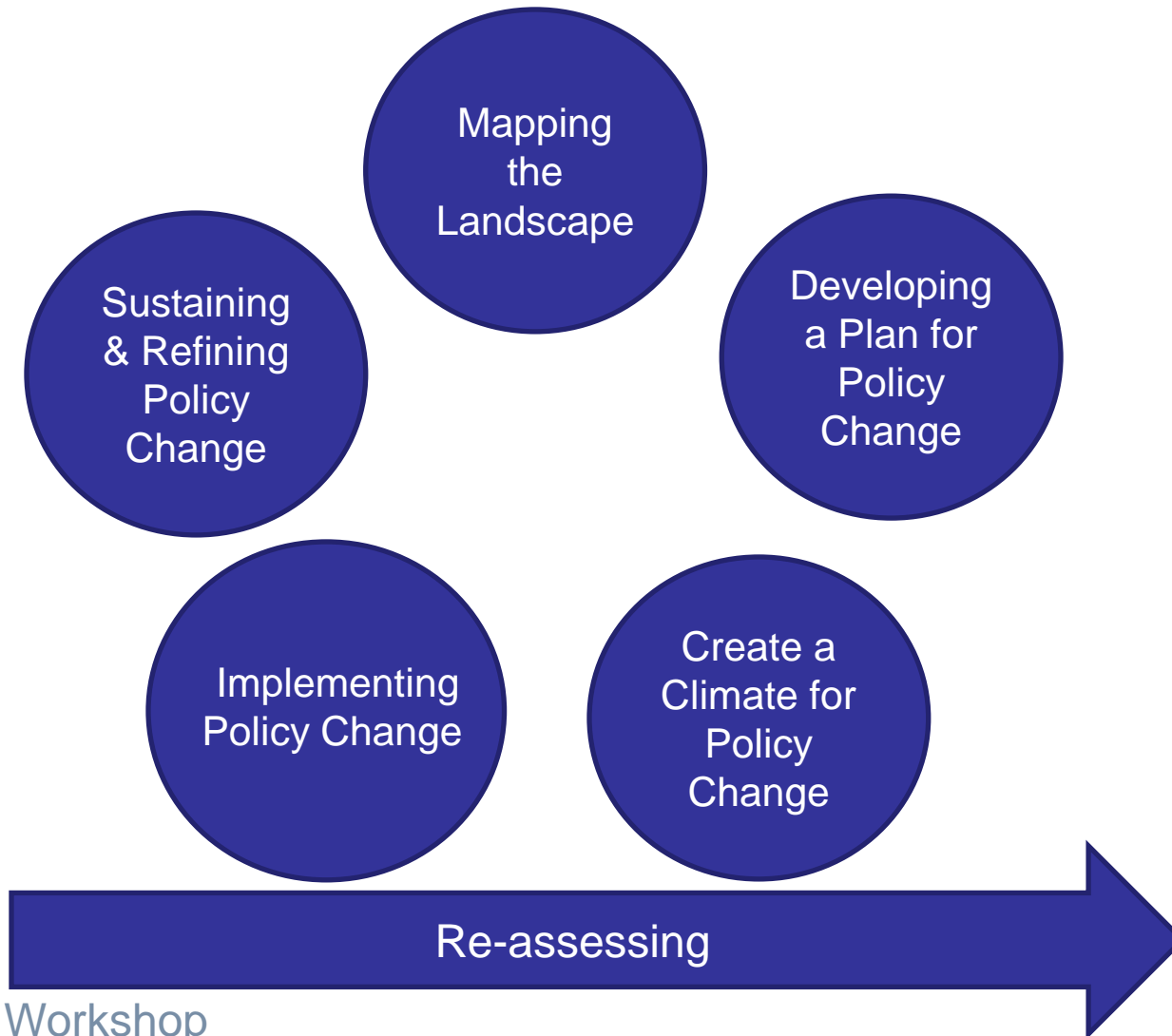
Stopping Point #1: Mapping the Landscape

- Focus: Find an opportunity
 - Window opportunity?
 - Is Policy right?
- Organize:
 - Who might be interested in working on this?
 - Who else has worked on this somewhere else?

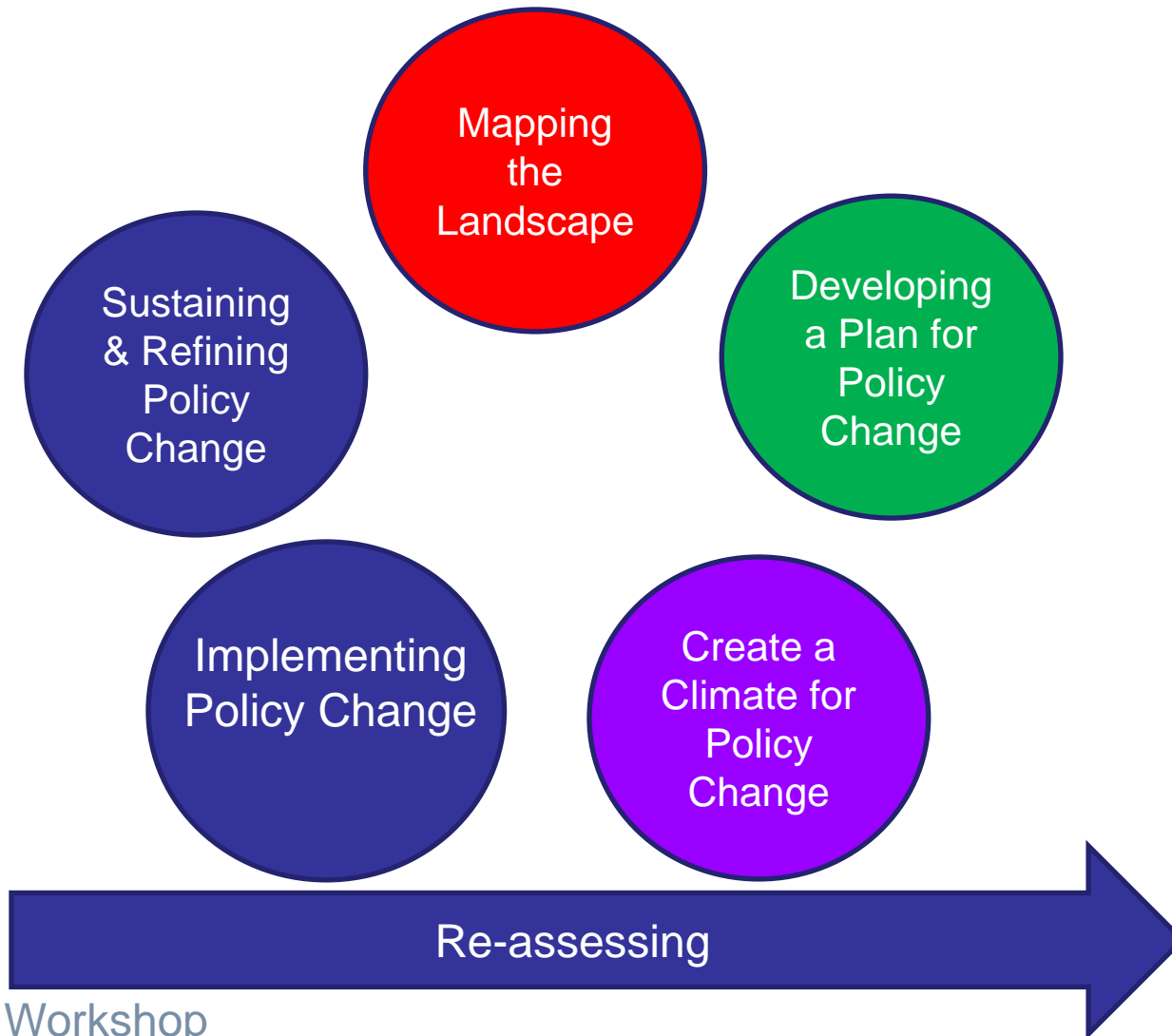
Stopping Point #2: Developing a Plan

- Clarify
 - Were data presented?
- Understand public opinion
 - Public perception
 - Stakeholders
- Select a policy change
 - Soda or some other mechanism?

5-Part Approach to Effecting Policy Change



5-Part Approach to Effecting Policy Change





Workshop #3: Next Steps



Thinking through everything that you've learned today... What might be a next step in your city/town/community?

1. What is a health problem in your community that might be addressed by policy?
2. Is there a “window of opportunity”?
3. What are a few small next steps that you could take in your community to move towards creating a policy to improve health?
4. Choose one step that you will take when you get back to your office.

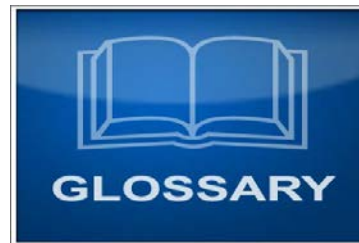
Evaluation

Please take a few minutes to fill out the evaluation located in the back pocket of your folder.

As soon as you turn it in, you will receive a
CERTIFICATE OF COMPLETION!

Websites (Materials Posted)

- <http://planetmassconnect.org/>
- www.tuftsctsi.org



Take Home Message

The Tipping Point:

“[...] products and messages and behaviors spread just like viruses do [...] The three agents of change are:

- (1) **Law of the Few**—there are a handful of social/energetic/ knowledgeable/influential people who are capable of influencing others [...];
- (2) the **Stickiness Factor**—ideas have to be memorable to move us to action; and
- (3) the **Power of Context**—behavior is a function of the social environment.”

Gladwell, M. (2000). The tipping point: How little things can make a big difference. New York: Little, Brown and Company

Thanks to. . .

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- The staff
- Our funders:
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